

Appendix 4

CERTIFICATION OF COMPLETION OF AN EMERGENCY RESPONSE PLAN



Public Water System ID number: _____

System Name: _____

City where system is located: _____

State : _____

Printed Name of Person Authorized to Sign

this Certification on Behalf of the System: _____

Title: _____

Address : _____

City: _____

State and ZIP Code: _____

Phone: _____ **Fax:** _____ **Email:** _____

I certify to the Administrator of the U.S. Environmental Protection Agency that this community water system has completed an Emergency Response Plan that complies with Section 1433(b) of the Safe Drinking Water Act as amended by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188, Title IV— Drinking Water Security and Safety).

I further certify that this document was prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information (Safe Drinking Water Act (42 U.S.C. 300f *et seq.*)).

The emergency response plan that this community water system completed incorporates the results of the vulnerability assessment completed for the system and includes “plans, procedures, and identification of equipment that can be implemented or utilized in the event of a terrorist or other intentional attack” on this community water system. The emergency response plan also includes “actions, procedures, and identification of equipment which can obviate or significantly lessen the impact of terrorist attacks or other intentional actions on the public health and the safety and supply of drinking water provided to communities and individuals.”

This CWS has coordinated, to the extent possible, with existing Local Emergency Planning Committees established under the Emergency Planning and Community Right-to-Know Act (42 U.S.C. 11001 *et seq.*) when preparing this emergency response plan.



Signed: _____ **Date:** _____

Primary contact person that EPA can call if there are questions about this Certification:

Name: _____

Address (if different than that
of the Authorized Representative): _____

Phone: _____

Email Address: _____

Alternate Contact Person:

Name: _____

Address (if different than that of the Authorized Representative): _____

Phone: _____

Email Address: _____